

CLAIMANT'S NAME			SOCIAL SECURITY NUMBER*			DEPARTMENT		
Stephen M. Hardy			On-file			Alcoholic Beverage Control		
POSITION		CB/ID NUMBER	DIVISION OR BUREAU				INDEX NUMBER	
Director			Headquarters				5000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE)				TELEPHONE NUMBER	
[REDACTED]			3927 Lennane Drive, Ste. 100				[REDACTED]	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
[REDACTED]	CA	[REDACTED]	Sacramento	CA	95834			

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODG NG	(5) MEALS			(6) NCIDEN- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
Apr-10				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
04/21	1306 1502	SACTO							6.00		0.00		6.00	
04/21	1548 1753	SACTO							12.25		0.00		12.25	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		18.25	0	0.00	0.00	18.25
CLAIM TOTAL												\$18.25		

(11) PURPOSE OF TR P, REMARKS AND DETAILS	(Attach receipts/vouchers when required)
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04/21/10-Assembly Budget Hearing; 04/21/10-Director's Mtg. at Agency (All parking for Administrative Purposes)

(12) NORMAL WORK HOURS 0800-1500	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
											0.00
(13) PRIVATE VEHICLE LICENSE No.											0.00
											0.00
(14) MILEAGE RATE CLAIMED 0.500											0.00
											0.00
AGENCY ACCOUNTING OFFICE USE ONLY											0.00
											0.00
PAID BY REV. FUND CHECK No.											0.00
	TOTALS					TOTALS					0.00
											0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)		DATE